

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/539725

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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39			/			
40			/			
41			/			
42			/			
43			/			
44			/			
45			/			
46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.			/			
TOTAL DEP.			12			
TOTAL CLAIMS			13			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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85					/	
86					/	
87					/	
88					/	
89					/	
90					/	
91					/	
92					/	
93					/	
94					/	
95					/	
96					/	
97					/	
98					/	
99					/	
100					/	
TOTAL IND.					2	
TOTAL DEP.					27	
TOTAL CLAIMS					29	